

5-31-06

I/P/S



## AMENDMENT TRANSMITTAL LETTER

Docket No.  
MBT-13302/03Application No.  
10/805,787-Conf. #9947Filing Date  
March 22, 2004Examiner  
M. A. DeubleArt Unit  
3651

Applicant(s): Montgomery W. Childs

Invention: WORKPIECE TRANSFER SYSTEM FOR STAMPING PRESS

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

## CLAIMS AS AMENDED

|                                                                          | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |        |
|--------------------------------------------------------------------------|----------------------------------|--------------------------------|-----------------------------|------|--------|
| Total Claims                                                             | 18                               | - 20 =                         |                             | x    |        |
| Independent Claims                                                       | 2                                | - 3 =                          |                             | x    |        |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |                                  |                                |                             |      |        |
| Other fee (please specify): Extension for response within third month    |                                  |                                |                             |      | 510.00 |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                          |                                  |                                |                             |      | 510.00 |

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 07-1180 in the amount of \$ \_\_\_\_\_  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 510.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 07-1180  
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Allen M. Krass

Attorney/Agent Reg. No.: 18,277

Dated: May 30, 2006

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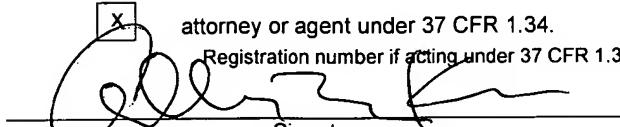


PTO/SB/22 (12-04)

Approved for use through 7/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Docket Number (Optional)<br>MBT-13302/03                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/805,787-Conf. #9947              | Filed<br>March 22, 2004                                                                                                      |
| For WORKPIECE TRANSFER SYSTEM FOR STAMPING PRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                              |
| Art Unit<br>3651                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Examiner                            | M. A. Deuble                                                                                                                 |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                              |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fee                                 | Small Entity Fee                                                                                                             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$120                               | \$60                                                                                                                         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$450                               | \$225                                                                                                                        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$1020                              | \$510                                                                                                                        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$1590                              | \$795                                                                                                                        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$2160                              | \$1080                                                                                                                       |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1180</u> . I have enclosed a duplicate copy of this sheet. |                                     |                                                                                                                              |
| I am the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | applicant/inventor.                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | attorney or agent of record. Registration Number _____                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |
| <br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | 18,277                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | May 30, 2006                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Date                                                                                                                         |
| Allen M. Krass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | (248) 647-6000                                                                                                               |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Telephone Number                                                                                                             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total of<br><u>1</u>                | forms are submitted.                                                                                                         |

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